1			
EXPRESS MAIL L	NO.	El 958 698 6	39 US

PTO/SB/01 (6-95) Approved for use through 9/30/98. OMB 0651-0032

Please type a plus sign (+) inside this b	ox [±]	Pa				EPARTMENT OF COMMERCE						
0010/PTO U.S. Department of Commerce Rev. 6/95 Patent and Trademark Office		ommerce Office	Attorno	ey Docket Num	ber	630666.90245							
			First N	amed Inventor		Greenlea	f, James F.						
DECLARA	TION F	OR	COMPLETE IF KNOWN										
UTILITY C	R DESI	GN	Applica	Application Number									
PATENT AF	PLICAT	TION	Filing D	Filing Date									
Da alamatian (on Decla	ration	Group A	Art Unit									
Declaration C Submitted with Initial Filing	Subm	nitted after Filing	Examine	er Name									
names are listed below) o	address and c inal, first and s if the subject r	citizenship are a cole inventor (if natter which is	only one claimed a	name is listed b and for which a	elow) paten	or an original, to is sought on t	first and joint inventor (if plural the invention entitled:						
the specification of which is attached hereto OR was filed on (MM/DD/YYY) Application Number I hereby state that I have review referred to above. I acknowledge the duty to discl	ved and understar	nd the contents of	the above i	n (MM/DD/YYYY)	on, incl	uding the claims, a							
inventor's certificate or §36	65(a) of any PC nave also identif	T international a fied below, by c	pplication hecking th	which designated e box, any foreign	d at le: n appl	ast one country of ication for patent	eign application(s) for patent or other than the United States of t or inventor's certificate, or any						
Prior Foreign Application Number(s)		Country		Foreign Filing [(MM/DD/YYY	Date (Y)	Priority Not Claimed	Certified Copy Attached? YES NO						
Additional foreign appli													
			Code §11 ate (MM/D		d Stat		oplication(s) listed below.						
Application Number	1(9)	12/05/96		<i>(</i> , () ()		Additional provisional application numbers are listed on a supplemental priority sheet attached hereto.							

Burden Hour Statement: This form is estimated to take .4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.



DECLARATION

Page 2

	·											·
I hereby claim benefit under Title 35, United States Code \$120 of any United States application(s), or \$365(C) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code \$112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations \$1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.												
	ent Application lumber					Parent Filing Date Parent Patent Nun (MM/DD/YYYY) (if applicable)						ber
		T :	!:*			an line			montal ariarit	abac		ad barata
Additional U.S. or PCT international application numbers are listed on a supplemental priority sheet attached hereto As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:												
Firm	Name							7	Customer or la	bel		
OR List att	torney(s) and/or a	agent(s) name	and regis	stration	numh	er held	·	ل	Number	<u> </u>		
List att	torriey(s) and/or a	agent(s) maine	and regis	stration	- ridirib	er bere					····	
	Name			stration Imber				Nam			Ň	istration umber
Thad F. I Neil E. H			19,4 19,8				y A. Ne M. Baxt		1),577 I,233
	W. Ehrmann		20,3				D. Franz				31	1,356
	Sammons		25,6 25,9				n W. Ba : J. Sac					1,290 5,667
J. Rodma Nicholas	an Steele J. Seav		27,3				. J. Saci C. Baker					5,433
George E	. Haas ́		27,6	42	D	avid	G. Ryse	r			36	3,407
Harvey C). Fried J. McGovern		28,2 28,3	98			'. Whitle tt J. Bei					5,965 7,094
Carl R. S			29,4				el A. Ja				3	7,551
Ad	Iditional attorney	(s) and/or ager	nts name	d on a	supple	menta	priority s	sheet	attached her	eto		
Please dire	ct all	Customer o	or label						OR X		correspo	
Name	Barry E. Sam	mons										
Address	Quarles & Bra	ady										
Address	411 East Wis	consin Ave	Suite	2550)							
City	Milwaukee					Stat	e WI			Zip	5320	2-4497
Country	USA		Teleph	one	(414) 27	7-5000		Fax (4	14)	271-35	52
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.												
Name of Sc	ole or First Inven	itor:					petition	has t	een filed for	this u	nsigned i	nventor
Given J	James		Midd	le F.	Fa	mily	Gree	nlea	ıf		Suffix	
Inventor's Signature	John	met	Sre	eu	le					Date	15 OC	£97
Residence:	Rocheste	r			State	MN	Country	U	SA	Citi	zenship	USA
Post Office	Post Office 1068 Plummer Lane S.W											
Post Office												
City Ro	ochester	Stat	e MN	Zip 5	5905]	Country	US	Α		&celis	SARY
3.17												

	4	
Please type a plus	(+) inside	this box 🕂

DECLARATION								ADDITIONAL INVENTOR(S) Supplemental Sheet							
Name	Name of Additional Joint Inventor, if any:								A petitio	A petition has been filed for this unsigned inventor					
Given	Mo	ostafa		Middl	e	F	amily	<u>.</u>	Faten	ni-Booshehri	Suffix				
Inventor' Signature		Mortage Fater	· ·					_			Date	10/15/	/97		
Residen	nce:	Rochester				State	М		Country	USA	Citi	zenship	Iran		
Post Off	fice	1738 4th Avenue	, s.v	v											
Post Off	fice														
City	Roc	chester	State	MN Z	Zip 5	5902	 !	c	Country	USA		&cellie	Sant Safty		
Name o	of Add	litional Joint Inventor, if a	any:						A petitio	on has been filed for thi	is unsign	ed inventor	Ţ.		
			_			_	_	_[-						
Inventor' Signatue								_			Date				
Residen	nce:					State	w	IJ	Country		Citi	izenship			
Post Off	fice														
Post Off	fice							_							
City			State	Z	Zip			c	Country			Acelic	Sant		
Name o	of Add	litional Joint Inventor, if a	any:	$oldsymbol{\perp}$					A petitio	on has been filed for thi	is unsign	ed inventor			
Given				Middl	e	F	amily	\perp			 ,	Suffix			
Inventor' Signature											Date				
Residen	nce:					State	w		Country		Citi	izenship			
Post Off	fice							_							
Post Off	fice														
City		<u> </u>	State		Zip			c	Country			Applic	Sant		
Name (of Add	litional Joint Inventor, if a	any:	工				_	A petitio	on has been filed for th	is unsign	ed inventor			
Given				Middl	е						, ,				
Inventor' Signature											Date				
Resider	nce:					State	e W	<u>"</u>]	Country		Citi	izenship			
Post Of	fice														
Post Of	fice							_							
City			State		Zip			\int_{C}	Country			Appli.	cant		
	Α	dditional inventors a	re be	ing n	ame	d on	supr	ole	mental	sheet(s) attac	hed t	nereto			